U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E SEAD THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.  2. Fiscal Year Covered From:  1	For Official Use Only			
1. File Number U 2. Fiscal Year Covered From:    1	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
3. Name and address of person filing.  Name william Conner  4. Name, file number, and address of labor organization.  Name william Conner  Labor Organization File Number 0000-094  P.O. Box, Bidg., Room No., if any  Street 70 Fixler Road  City Madsworth State Onio ZIP Code +4 44281  State Onio ZIP Code +4 44281  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loars) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  7. Name 7. Nature of interest, Transaction, or income.  7. Name 7. Nature of interest, Transaction, or income.  7. Name 1. Name 1				
3. Name and address of person filing.  A Name william Conner  P.O. Box, Bldg., Room No., if any  Street 70 Fixler Road  City Wadsworth  State Ohio ZIP Code + 4 4281  State Pennsylvania ZIP Code + 4 15222  5. Position in labor organization.  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is activaly seeking to represent.  6. Name and address of Employer (including trade name, if any).  P.O. Box, Bldg., Room No., if any  7.a. Nature of interest, Transaction, or income.  7.b. Amount.  Street  City  State ZIP Code + 4  Signature	1. File Number U -	2. Fiscal Year Covered From:		
Name William   Conner   Name United Steelworkers   Labor Organization File Number   000-094   P.O. Box, Bldg., Room No., if any   P.O. Box, Building and Room Number, if any   Street   Pive Gateway Center   City   Pittsburgh   State   Ohio   ZiP Code + 4   4281   State   Pennsylvania   ZiP Code + 4   15222   S. Position in labor organization.   Staff Representative   State   Pennsylvania   ZiP Code + 4   15222   S. Position in labor organization.   Staff Representative   State   Pennsylvania   ZiP Code + 4   15222   S. Position in labor organization.   Staff Representative   State   Pennsylvania   ZiP Code + 4   15222   S. Position in labor organization.   Staff Representative   State   Pennsylvania   ZiP Code + 4   15222   S. Position in labor organization.   Staff Representative   S. Name and address of Employer (Including Interest in, engaged in transactions (including Joans) with, or derived income or other economic benefit of monetary value from an employer whose employees vary organization represents or is actively seeking to represent.   S. Name and address of Employer (Including trade name, if any).   7.a. Nature of Interest, Transaction, or Income.   7.b. Amount.   Street   ZiP Code + 4   ZiP C	12155	1 / 1 / 2004 Through: 12 / 31 / 2004		
Labor Organization File Number   000-094	3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
P.O. Box, Bildg., Room No., if any  Street 70 Fixler Road  City Wadsworth  State Ohio ZIP Code + 4 44281  State Ohio Staff Representative  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bildg., Room No., if any  7.a. Nature of interest, Transaction, or Income.  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature	Name William Conner	Name United Steelworkers		
Street 70 Fixler Road  City Wadsworth  State Ohio ZIP Code + 4 44281  State Pennsylvania ZIP Code + 4 15222  5. Position in labor organization.  Staff Representative  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature		Labor Organization File Number 000-094		
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Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  City  State  ZIP Code + 4  Signature	(except as specified in the excluse A. Held an interest in, engaged in transactions (including loans) with, or design	erived income or other economic benefit of		
P.O. Box, Bldg., Room No., if any  7.b. Amount.  City  State  ZIP Code + 4  Signature	A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organization	erived income or other economic benefit of n represents or is actively seeking to represent.		
7.b. Amount.  City  State  ZIP Code + 4  Signature	A. Held an interest in, engaged in transactions (including loans) with, or demonstrated monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	erived income or other economic benefit of n represents or is actively seeking to represent.		
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State ZIP Code + 4 Signature	(except as specified in the excluse A. Held an interest in, engaged in transactions (including loans) with, or demonstrated from an employer whose employees your organization of the second second from an employer (including trade name, if any).  Name  Trade Name, if any:	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
Signature	(except as specified in the excluse A. Held an interest in, engaged in transactions (including loans) with, or demonstrated from an employer whose employees your organization of the exclusion of the employer of the employer of the employees your organization of the employer of the employer of the employees of the employer of the employees of the employees of the employees of the exclusion of th	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
	A. Held an interest in, engaged in transactions (including loans) with, or demonstrated from an employer whose employees your organizations.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
15 Signature and verification. The understand declares under sensitive file and allowed allowed and allowed and allowed allowed allowed allowed and allowed al	(except as specified in the excluse A. Held an interest in, engaged in transactions (including loans) with, or demonstrated the form an employer whose employees your organization of the following trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	(except as specified in the excluse A. Held an interest in, engaged in transactions (including loans) with, or demonstry value from an employer whose employees your organizations.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	erived income or other economic benefit of n represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
Signed         W. Umin         Common         On         8/15/2005         330-336-4997           Date         Telephone Number	(except as specified in the excluse  A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany)	erived income or other economic benefit of in represents or is actively seeking to represent.  7.a. Nature of interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.		

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Name of Person Filing William Conner		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (Including trade name, if any).  Name Anthem Blue Cross/Blue Shield  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6740 North High Street  City Worthington  State Ohio ZIP Code + 4 43085	9. Business deals with:    X   a. Labor Organiza     b. Trust     c. Employer	tion	
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	Health Insurance Volume 11.b. Approximate dollar value 12.a. Nature of interest held Golf Outing (100.0)	endor  e of such dealing. \$0	
	12.b. Amount.	\$100	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to வாள்றில் any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		